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The Children's Hospital
300 Longwood Avenue
Boston, MA 02115

President: David S. Weiner

Chairman of the Board: John P. LaWare

Children's World is
published by the
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Vice President for
Development and Public Affairs:
David Estridge

Editor: Nancy Slasman



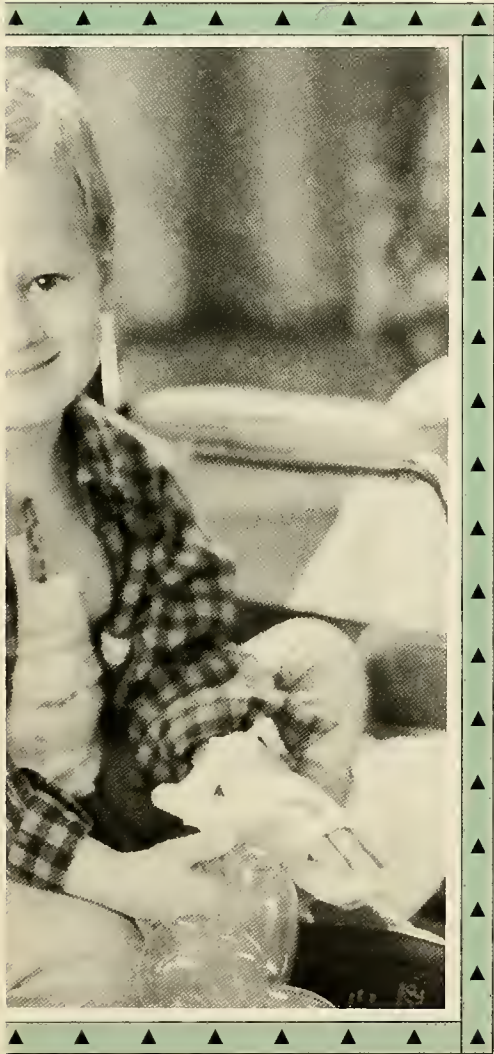
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HE YEAR IN REVIEW



MESSAGE FROM THE PRESIDENT

This year in the life of Children's Hospital was marked most dramatically by the opening of the hospital's new patient care facility. Children's now has a remarkable new instrument of patient care, and patients, families, and staff can attest to the vital difference it has made.

From the bright welcome of the new Main Lobby to the privacy of parent waiting rooms, the new hospital has created a vastly more sensitive and responsive environment for families with children facing critical illness. And from the spacious Newborn Intensive Care Unit to the busy Radiology Suite, Children's has married its superb human and technical resources in the pursuit of excellent patient care.

The construction of the new Main Building is just one of the major institutional accomplishments achieved under the leadership of Chairman of the Board David I. Kosowsky, Sc.D., who completed his term of office this year. Even as the work on the new patient care facility was ending, construction of a 14-story addition to the John F. Enders Laboratories for Pediatric Research began. The new research building reflects Children's ongoing commitment to what is the world's largest pediatric research program, and the conviction that patient care is strengthened by a vigorous research effort.

Also during David Kosowsky's term as chairman, the hospital launched the most ambitious fundraising drive in its history, The Children's Campaign. This \$40 million capital campaign supports the construction of the new Main Building and provides endowment for research activities. Now in the fourth year of this five-year drive, the campaign is right on target, having raised more than \$30 million.

These and other efforts represent a firm commitment to maintaining the hospital's preeminence in pediatrics. David Kosowsky will be remembered for his support in preparing Children's for the needs of the future. On behalf of everyone at the hospital, I congratulate him for his outstanding contributions to Children's, thank him for the dedication with which he served, and wish him the best in the future.

External developments had a significant impact upon Children's this year. After months of negotiation, Massachusetts passed new health care legislation, Chapter 23, that sets reimbursement levels through 1991. For Children's, the bill presents some daunting problems.

The resources at Children's for families faced with acute or chronic illness make this the only institution of its kind in the region, and a model for pediatric institutions worldwide.



Philanthropic support will play an even more vital role in supporting the hospital's mission to provide quality patient care, research, and teaching.

Because Children's treats so many patients with complex problems and exceptional needs, reimbursement from many payors, especially Medicaid, falls far short of the actual costs to the hospital of providing care. Increases in charges for inflation are capped at 6 percent for fiscal 1989, but because of the need to keep wages and benefits competitive during a severe shortage of health care professionals, the hospital has had to implement wage hikes of 11 to 17 percent. The result of these and other inadequacies in Chapter 23 is a significant deficit for this year and prospects of further deficits during the life of the bill.

The problem is so serious that it could result in program changes or reductions. For many of the patients who come to Children's, there are few—if any—alternatives. Children with life-threatening illnesses, chronic diseases, multiple disabilities, and severe physical malformations depend upon the unique services Children's offers. Complex problems require many specialists and highly skilled nursing care, and that means the costs of care are high. But the resources at Children's for families faced with acute or chronic illness make this the only institution of its kind in the region, and a model for pediatric institutions worldwide.

The Board of Trustees and hospital administration are committed to responsible, cost-effective management. But two stubborn facts limit the extent to which cost-cutting can successfully address the deficit problem: Pediatric patient care is the most labor-intensive sector of a labor-intensive industry; and the most advanced care of the sickest children cannot be adequately reimbursed based upon average cases.

The hospital will, as it must, continue to seek ways to reduce expenses in areas outside direct care, and it will continue to seek regulatory relief from the state. The climate is far from promising, but the need is urgent if Children's is to remain the unique resource it has been for Boston, Massachusetts, and New England since 1869. Philanthropic support will play an even more vital role in supporting the hospital's mission to provide quality patient care, research, and teaching.

Those of us who are privileged to work at Children's see each day the immediate and lasting contributions the hospital makes in the lives of its patients and families. A child healed, a family given hope, a new skill for a disabled youngster, a face reconstructed by skilled surgeons—these are the rewards of those whose energies and talents are dedicated to saving and improving young lives.

It is a commitment shared by everyone at Children's Hospital, and by thousands of grateful families, loyal friends, and generous donors. I thank them all for their part in giving children health and hope in 1988.





CONVERSATION WITH JOHN P. LAWARE

► ► ► ► *In January, the Honorable John P. LaWare succeeded David I. Kosowsky, Sc.D., as Children's chairman of the board. Until recently, LaWare was the chairman of the Shawmut Bank, having come to Boston after 25 years with Chemical Bank in New York. In August 1988, the U.S. Senate confirmed President Reagan's nomination of LaWare to the Federal Reserve Board in Washington, where he now serves as one of seven governors responsible for directing the nation's monetary policy.*



CW: When you were named to the Federal Reserve Board, you had to relinquish most of your community involvements in Boston—

LaWare: Everything except Children's—I mean everything.

CW: Why did you feel so strongly about staying on at Children's and assuming your new role as chairman?

LaWare: It really goes back to my undergraduate days at Harvard. I studied pre-med as an undergraduate—I majored in biology—and Children's was the standard of quality. There was always a special mystique about Children's—the sense that the work of so many gifted people was making a real difference in the lives of children and their families.

Many years later, when I returned to Boston to work at the Shawmut, one of the first people who called was Gorham Brigham, an old friend with whom I'd also had a business relationship. He was pitching bank services; he wanted to handle my banking accounts. But then he asked me, "What do you want to do here in Boston for community activities?"

I said, well, there are two things—I haven't really done much for Harvard, because for most of the 25 years I was at Chemical Bank I couldn't afford it; and I hoped I could get involved somehow with Children's Hospital.

Before I knew it, I was out ringing doorbells for the Harvard College Fund, and Gorham brought me on what was then called the Board of Trustees at Children's, which is what we now call the Board of Overseers.

There was always a special mystique about Children's—the sense that the work of so many gifted people was making a real difference in the lives of children and their families.







CW: What was that governing body like?

LaWare: It was a very large group that allowed for little genuine involvement in the governance of the hospital. I had a serious interest and wanted a more active role.

So when the hospital's reorganization was complete in 1981, with a scaled-down Board of Trustees and the creation of the Board of Overseers, I was asked to come on the Board of Trustees, and I did. Bill Wolbach was chairman at the time, and my first committee assignment was the Nominating Committee. Actually, I made a plea: I said, don't put me on the Finance Committee. Every banker is asked to serve on the Finance Committee, and I had other interests as well.

CW: Is the role of trustees changing at nonprofit institutions?

LaWare: Yes, I think that it's changing rather dramatically. It may become more difficult to find trustees willing to spend the amount of time that we will have to ask of them. Trustees of major hospitals today have heavy responsibilities that require a continuing process of education on the issues and many hours of work. Some of the decisions they are asked to make involve difficult moral questions, because every decision about allocating resources is a decision about what needs come first. And as resources become scarcer, the choices become inherently more difficult, because they have the potential to affect greater numbers of patients.

So the trustee's role has become more important and considerably more challenging. Children's needs—and deserves—a highly committed, intellectually engaged governing body to address the critical issues ahead.

CW: What do you consider the key issues facing Children's over the next five years, your tenure as chairman?

LaWare: The key issue, as always, is excellence in patient care for the children and families who come to us for help. Children's must continue to attract the finest professionals and maintain a supportive environment in which to deliver care. That means attention to the overall experience of patients and families in their hospital visits, including everything from



their initial welcome to the day of discharge. Patient care is the heart of the hospital's mission, and we can never place too much stress on that. Over the years, Children's has set the national standard for child health care. We have to ensure that we maintain that reputation.

Other immediate issues include bringing the new research facility on line, allocating the resources to the most promising and productive areas of research, and supporting it financially.

Of great importance also is finding a way to reduce the operating deficit. Children's situation is unusual because of the many advanced life-saving procedures that are not adequately reimbursed. Our patients don't fit the averages, and we sustain considerable losses in providing specialized care. If, as it now looks, third-party reimbursement is not going to enable us to achieve a balanced budget for hospital operations, we are going to have to devise new ways to support some of the programs and activities at Children's.

A related question is what role endowment should play in the future. Should it be specifically reserved for capital projects and designated purposes, or should we consider a broader role for endowment? Perhaps the hospital will decide to create different classes of endowment with specified purposes to provide greater financial flexibility to support special programs.



CW: In thinking about resources and hospital programs, isn't it also important to match resources with the needs of the populations we serve?

LaWare: Yes. Another major hospital concern is our relationship with the community. As the leading pediatric hospital, probably in the world, but certainly in Massachusetts and New England, we have to consider our responsibility to the community to provide certain kinds of care.

Children's is multipurpose. We provide tertiary care for kids with acute and chronic illnesses; we provide outpatient treatment for thousands of Boston and area children; Emergency Services treats 50,000 patients a year; and because of the superior staff at Children's, we can offer effective management of complex patient conditions that may involve several pediatric specialties. Obviously, there are a lot of families in the region who depend upon Children's, and their needs are important priorities as we plan for the future of the hospital.

There is between this hospital and its community something very like a trust, a covenant.

At the same time, we must weigh those needs against what is the optimum case mix to make the hospital strong, continue to provide the proper training environment for the residents and fellows, and support the clinical and research activities of the professional staff and faculty. Compromise on any of those needs will have a significant impact upon the mission of the hospital and the various groups that we serve.

Nobody ever said it would be easy. I think we need to be more resourceful and more imaginative in our thinking about hospital operations and how to pay for them. This is true for the health care industry as a whole; it is also true for legislators and regulators. If the current reimbursement system is not working, then perhaps we need bold new initiatives to re-examine fundamental assumptions and the mechanisms now in place.

Children's, for its part, must also look at new possibilities in the marketplace: areas of need and areas of opportunity.

CW: Is the establishment of the hospital's ambulatory care center in Lexington one step in that direction?

LaWare: Yes. That will be an interesting experiment. And if it is a success, Children's would consider developing other satellite facilities that will give referring physicians and their patients improved access to specialized services. The new center is a way to bring the multispecialty resources of the hospital to the community-based physician.

CW: Some states have started to look more critically at the health care dollars they have at their disposal. They are asking if it may not be more important to address the large prenatal and perinatal needs of underserved populations than it is to spend our resources on high-tech treatments like bone marrow or organ transplants for a much smaller number of patients. When you look at infant mortality—

LaWare: We have one of the worst infant mortality rates among the industrialized countries. Many pregnant women, especially in urban areas, receive no prenatal care, and they are the women whose babies are born prematurely, at high risk for complications and lifelong disabilities. There's no question that more prenatal care is needed, as is education about the importance of prenatal care.

At the same time, when a hospital like Children's is one of the few places that can perform pediatric bone marrow or solid organ transplants and give children a chance at life, I think we have an obligation to do so.

CW: As institutions like Children's try to sort out these issues and respond creatively, one constant refrain is that the health care industry in Massachusetts is overregulated. Would you agree?

LaWare: I think we see that in the frustration levels in doctors and their unwillingness to come to Massachusetts, or their desire to leave or change their practice patterns to avoid the regulatory burden. Potentially, that spells the end of our leadership in medicine. It's fascinating to think that there are more teaching hospitals in Boston than there are in New York, generally with better reputations. But if we

drive people away with an environment that makes it difficult to practice . . . that's bad stuff.

I don't know what the numbers are, but I would judge that regulation costs and compliance costs must be just phenomenal. And yet there's not a prayer of reversing the regulatory trends, and I'm not sure it would truly be in the public interest to do so. But we pay an enormous price. Just think of all the things hospitals do to provide an audit trail as a defense against malpractice claims: informed consent, record keeping, plus the fact that higher costs are inevitable because the doctors are forced to order more tests than they would otherwise feel necessary in their medical judgment.

Despite some of the finest hospitals and medical schools in the world, Boston could lose its leadership by losing the health care professionals who sustain it. Quite aside from the high level of care and the prestige that this status bestows, it creates jobs and supports an important Massachusetts industry, a vital part of the economy.

CW: *Children's has a long history of service to the community, and the community has reciprocated with strong philanthropic support. How important is that community support as you look to the future?*

LaWare: It's vital, no question about it, and Children's must continue to earn that support. People have very high expectations of Children's Hospital, and one of them is that we will continue to serve all children, whether it is in the outpatient clinics or in the intensive care units. There are parents out there who believe that if their child is ever seriously ill, Children's is their best hope. We must never let them down.

There is between this hospital and its community something very like a trust, a covenant. The people at Children's feel it keenly—we're here to serve all children. How we do it in an era of stretched resources, I am not yet sure. But I am confident that the community will continue to support Children's as long as the hospital continues to give children hope for a better life.

CW: *So, in a sense, you've come full circle, and now the governance of the hospital you admired as an undergraduate is in your hands. What would you like to say to the more than 4,000 full- and part-time employees and volunteers who are Children's Hospital?*

LaWare: I hope to make the board a vehicle for helping the professional and administrative staffs accomplish things for Children's Hospital. We are concluding a period of expansion with the completion of the new patient care building and the construction of the addition to the research facility. Soon we will begin a new cycle. We will have to examine how well we are organized to carry out our mission. We will need to evaluate our relationships with patients and families, referring physicians, and the community at large.

We will be doing some new and different things as we assess the needs and resources for the 1990s. It is critically important that we manage change successfully. Much of that process depends on the dedication, creativity, and flexibility of the people who make Children's Hospital the superb institution that it is. I would say that the challenges and the creative solutions are really in the hands of the professional and administrative people who breathe life into the institution every day of the year.



1988

ACTIVITIES AND ACCOMPLISHMENTS





THE PATIENT MOVE

In February, patients and staff made the long-awaited move through the connectors and into the new patient care facility.

Patients move into new Main Building

On Feb. 9, 1988, in an event that marked a new era for the hospital, 228 patients were moved from Children's old facilities into the new Main Building.

Children's Move Committee spent the year before the patient move orchestrating the transfer of staff, equipment, and supplies, and arranging for everything to be in place when the youngsters arrived. Early on the morning of Feb. 9, the halls were decked with balloons, and staff members were stationed at the entrance of the new building to distribute stuffed animals to each newcomer. The move ran like clockwork, and was completed four hours ahead of schedule.

The addition of the 10-story Main Building brings to Children's the most modern and efficient environment for pediatric patient care. Designed to encourage families to participate in each child's recovery, the new building provides rooming-in accommodations, kitchens, and family rooms for parents and siblings.

Other improved services in the new building include centralized nursing stations, updated radiology and surgery facilities, and satellite pharmacies located on every other inpatient floor. Increased conference, storage, and treatment space allow staff to provide high-quality patient care more efficiently in a comfortable environment.

STRIDES IN PATIENT CARE

Children's Hospital AIDS Program reaches out into at-risk community

In an effort to inform the community about acquired immune deficiency syndrome (AIDS) and prevent the spread of the disease, members of Children's Hospital AIDS Program (CHAP) in 1988 initiated a multi-faceted community outreach program geared toward high-risk teenagers and young adults.

Each week, members of CHAP meet with runaways and homeless young people who come to a special drop-in center in a downtown Boston church. During these sessions, participants discuss issues and problems facing young people who live on the streets. Counseling is available, and young people receive information about general health care services and AIDS prevention.

A related outreach effort involves specially trained educators who each spend up to 20 hours a week on the streets, seeking out and talking with high-risk adolescents about drugs, health issues, and sexually transmitted diseases, including AIDS.

Members of CHAP also have established a health curriculum for students in the Lawrence Alternative High School Program. Three times each week, students attend special health classes during which AIDS-related issues and other physical and mental health topics are discussed.

CHAP was established in 1988 through a grant of more than \$920,000 from the National Institute of Allergy and Infectious Diseases. The grant, awarded to Kenneth McIntosh, M.D., chief of the Division of Infectious Diseases, funds research efforts to evaluate treatments and therapies for AIDS and set up educational outreach programs for high-risk adolescents.



Members of Children's Hospital AIDS Program (from left) Pat Smoha, L.I.C.S.W., social worker; Maurice Melchiona, R.N., F.N.P., community outreach coordinator; and Judith S. Palfrey, M.D., chief of Ambulatory Medicine, discuss plans for educational outreach.

CHILD Program offers early intervention

In April, Children's launched a three-year pilot program to identify developmental and learning difficulties among underserved, inner-city preschoolers.

The Child Health Initiatives Against Learning Dysfunction (CHILD) Program seeks to detect potential learning problems during a child's preschool years and provide early intervention services that can prevent school dropout and lifelong disability.

The CHILD Program, made possible through a \$250,000 grant from the Jessie B. Cox Charitable Trust, is offered through the Martha Eliot Health Center, Children's outpatient community health service, located in Jamaica Plain.

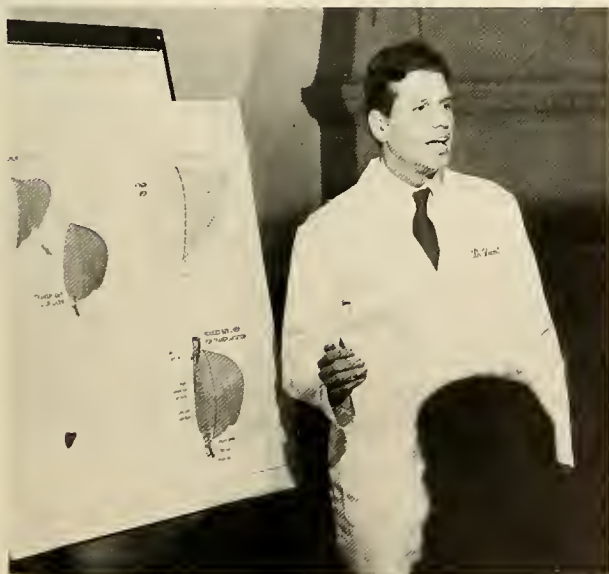
Hospital surgeons perform region's first segmental liver transplantation

In October, physicians at Children's performed New England's first segmental liver transplantation, in which an oversized organ was trimmed to fit an infant.

The surgical team, headed by Joseph P. Vacanti, M.D., assistant in Surgery, dissected and transplanted a donor organ that was approximately three times the size of the liver needed for an infant from New York, during a complex, 14-hour procedure.

For two months, the new liver functioned normally. Several weeks after surgery, however, the infant suffered a serious infection that caused neurologic complications, and he died in late November as a result of the complications.

The segmental procedure offers hope for patients who are awaiting liver transplantation when no similar-sized donor organ becomes available.



Joseph P. Vacanti, M.D., assistant in Surgery, explains segmental liver transplantation procedure.



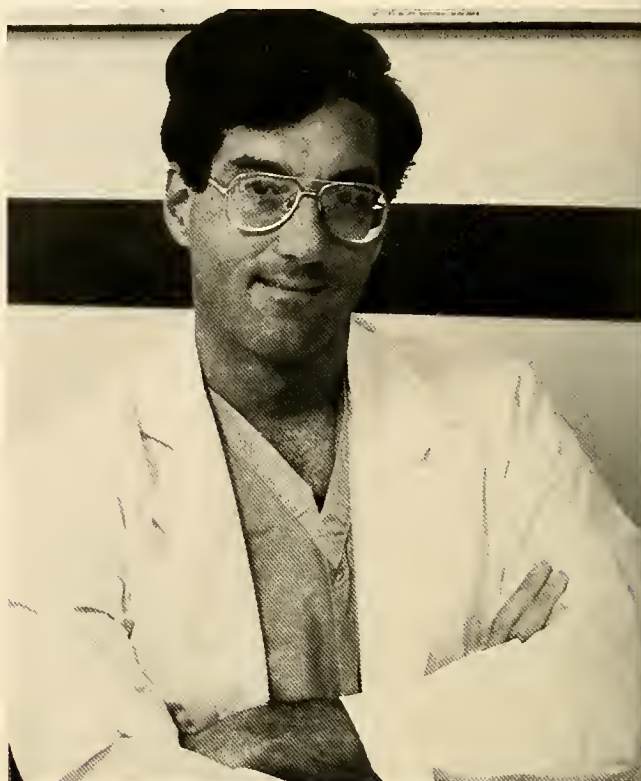
New techniques allow physicians to repair certain heart defects in a day

Cardiologists at Children's in 1988 continued to develop and perfect methods of repairing congenital heart defects in the Cardiac Catheterization Laboratory, eliminating the need for major surgery and lengthy hospital stays.

James E. Lock, M.D., director of the Cardiac Catheterization Laboratory, and John F. Keane, M.D., senior associate in Cardiology, in 1988 successfully corrected a congenital heart defect called ventricular septal defect, a hole between the two lower chambers of the heart, using a small umbrella-shaped sponge plug.

The umbrella-type device has been used for several years at Children's to correct patent ductus arteriosus, an abnormal opening between the pulmonary artery and the aorta, and atrial septal defect, a hole between the two upper chambers of the heart.

Patients with congenital heart defects who are treated in the Catheterization Lab receive minimal anesthesia, decreasing the risk of complications. In addition, the limited hospital stay offers emotional benefits to young patients, and the cost savings of outpatient treatment are substantial.



James E. Lock, M.D.,
director of the Cardiac
Catheterization Laboratory.

Child Protection Program integrates services

In an effort to make Children's Hospital's child abuse services more efficient and responsive, several related programs were integrated into one service called the Child Protection Program. Robert M. Reece, M.D., serves as medical director of the program, and Eli H. Newberger, M.D., senior associate in Medicine, serves as the program's director of research.

The Child Protection Program integrated the Trauma-X Team, which consulted on physical abuse cases and provided emergency treatment, and the Sexual Abuse Treatment Team, which addressed the psychological needs of abused children. In addition, the Family Development Clinic and the Sexual Abuse Follow-Up Clinic were consolidated into the Child Protection Program.

Inga Mattson goes home to Billerica

In February, Inga Mattson, 3, of Billerica became the first Multidisciplinary Intensive Care Unit (MICU) patient to be discharged while dependent on a machine to help her breathe.

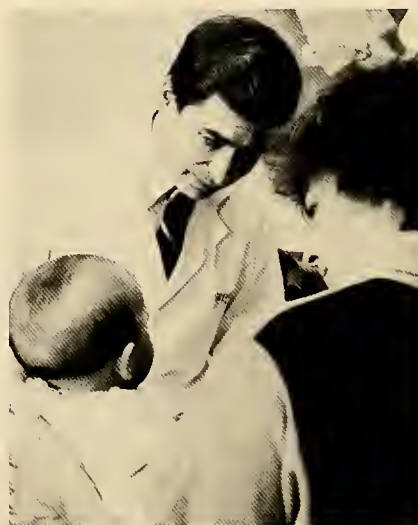
Inga has spinal muscular atrophy, a neuromuscular disease that causes muscle weakness and wasting. The disease affects the muscles that control breathing, and as a result, she is dependent on artificial ventilation.

Combined efforts of the MICU staff, Respiratory Therapy, physicians, and Biomedical Engineering, which designed a wheelchair "caboose" to carry her ventilator and oxygen tank, led to Inga's discharge after she spent four months as an inpatient.

Dental program urges early oral hygiene

A new program to teach parents how to promote healthful dental habits was introduced in 1988 by Children's Department of Dentistry.

The Infant Oral Health Program, directed by Howard L. Needleman, D.M.D., associate dentist-in-chief, is part of a national effort among dentists to encourage early dental care. Needleman says that at Children's between 150 and 200 youngsters undergo surgery requiring general anesthesia each year for treatment of complex dental problems that could have been avoided with early intervention.



Stephen Shusterman, D.M.D., dentist-in-chief,
examines a patient in the Infant Oral Health
Program.



Pediatric Group Associates expands

In July, Pediatric Group Associates, a general pediatrics practice for staff and residents at Children's, expanded into a full-time program and moved into new headquarters on Fegan 5.

Under the direction of Lewis R. First, M.D., assistant in Medicine, and associate director Ann McGravey, M.D., assistant in Medicine, Pediatric Group Associates offers general well-child and consultative medical care, and serves as a home base for children with underlying chronic diseases or illnesses who require coordination of services provided by many specialties.

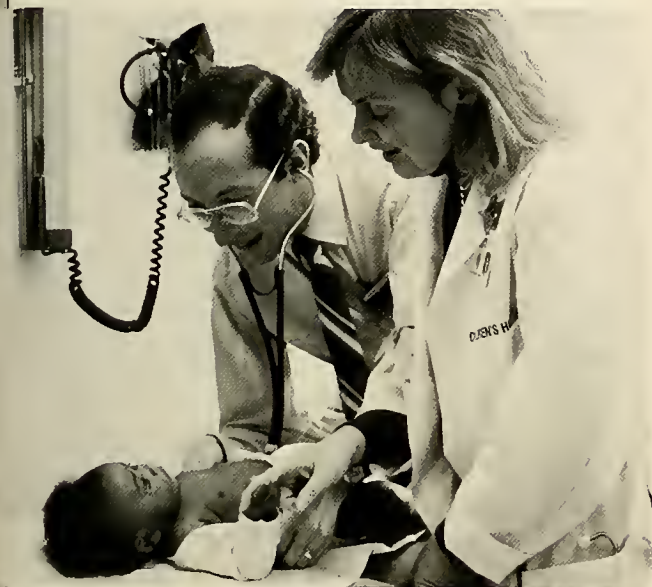


David S. Weiner, hospital president (left), and Howard C. Shane, Ph.D., director of the Communication Enhancement Center (right), accept the donation of a mobile clinic from Richard M. Randall and David Bilodeau of the Remme Association.

Communications van makes house calls

A van equipped with sophisticated electronic communication devices allows Children's Communication Enhancement Center to travel to people who need modern technology to communicate and function independently in their environment. The van serves those who are unable to come to the hospital regularly because of transportation problems or poor health.

This mobile outreach clinic was outfitted and donated to Children's in the fall by the Remme Association of Waltham. The Remme Association has also agreed to donate a portion of the mobile clinic's travel and maintenance costs for three years.

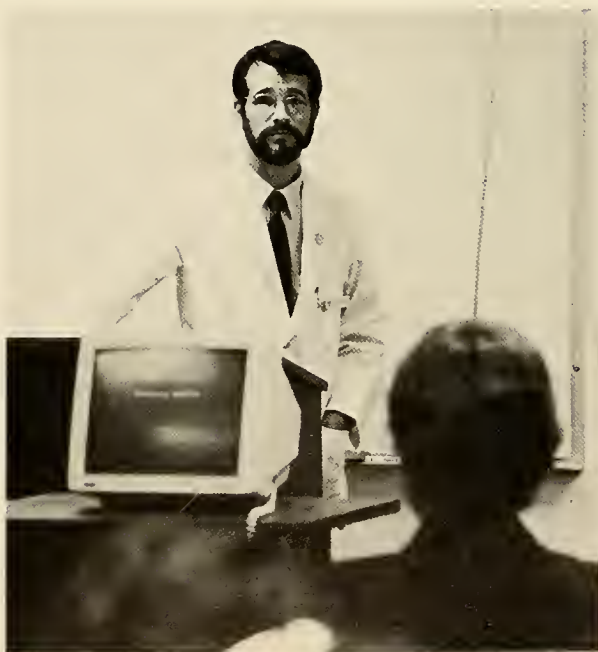


Lewis R. First, M.D., and Ann McGravey, M.D., of Pediatric Group Associates, examine a patient on Fegan 5.

Computers identify open newborn beds

Locating available newborn intensive care unit (NICU) beds in Massachusetts became easier with the introduction in the fall of a telecommunications network linking Children's Hospital with eight other Massachusetts health care institutions.

Funded by the Department of Public Health and developed by the Massachusetts Medical Society, the telecommunications network, called the Massachusetts Collaborative Perinatal System, allows caregivers at member institutions to call up a status report that displays availability of NICU beds. The new network can save valuable time when hospitals need to identify facilities with open NICU beds for premature or critically ill infants.



Douglas Richardson, M.D., co-director of the Massachusetts Collaborative Perinatal System, discusses the network's applications.

INSTITUTIONAL HIGHLIGHTS

Recruitment, retention programs initiated

The Department of Human Resources implemented a number of innovative recruitment and retention programs in 1988. Programs included: a 24-hour hotline providing employment information for prospective employees; a number of direct mail campaigns targeted at specific health care professionals; and two open house events resulting in a total of 35 new employees.

Faced with an ongoing shortage of nurses and allied health care professionals, special attention was focused on attracting these groups to Children's.

In addition to new recruitment and retention programs, the hospital approved and implemented an increase in salary and benefits totaling more than \$10 million.

Employee recognition program established

"That's the Spirit," an employee recognition program, was initiated early in September by the Department of Human Resources to commend and thank those employees who exemplify the spirit of Children's in their work.

All employees were invited to submit nominations of fellow employees who make extra efforts in their jobs.

More than 300 nominations were received, and of those, 10 employees were chosen to be honored. The nomination and selection process is being repeated every two months.

Nursing Recruitment Office opens

The opening of the Nursing Recruitment Office in the Pavilion Lobby in August marked an increased commitment to staff recruitment and retention. For job seekers, as well as for the general public, the newly renovated office space has greatly increased the visibility of the Nursing Staff Development Program.

Regional and national advertising for nurses was increased, and recruitment staff members made regular visits to career fairs throughout the country to encourage nurses to consider Children's.

According to a survey conducted in 1988 by the Nursing Recruitment Office, Children's reputation is the primary reason nurses choose to work at the hospital.

Employee Referral Program launched

In an effort to attract new employees to the hospital, the Department of Human Resources initiated an ongoing employee referral program, BEST (bright, energetic, sensitive, talented).

Hospital employees and volunteers are encouraged to refer friends and relatives to the Human Resource Department for possible employment opportunities. If a referral results in employment, the employee or volunteer will receive a \$100 bonus and a chance at a \$1,000 travel gift certificate.

In 1988, the BEST Employee Referral Program brought 84 new employees to Children's.



The new Nursing Recruitment Office, located in the Pavilion Lobby, serves as a center for recruitment and retention activities.

Generous leadership gifts help boost Children's Campaign over \$30 million

The Children's Campaign surpassed a major milestone, the \$30 million mark, this past year, thanks in large measure to several major gifts and grants.

In December, the Sharon Sanatorium, a long-time supporter of the hospital, merged its assets with Children's, providing a \$2.9 million gift to the campaign. A portion of this gift, the largest in the hospital's history, will be used to help fund the Alexander S. Nadas Professorship in Pediatric Cardiology. The remainder will establish an endowment to support the Cardiology/Cardiac Surgery Unit in the new patient care facility.

In keeping with the campaign's mission to expand the hospital's research efforts, The Lucille P. Markey Charitable Trust of Miami in February awarded Children's a grant of \$2.47 million to develop an



integrated Pulmonary Biology Program.

Other notable campaign contributions during the past year included a \$1 million gift from the Charles H. Hood Foundation of Boston, which will be recognized by the naming of the Bone Marrow Transplant Intensive Care Unit; a \$507,656 unrestricted gift from the Stratford Foundation of Boston (the foundation's second major contribution to the campaign); a \$547,000 gift from an anonymous donor to establish an endowment for neurology research; a \$500,000 grant from the Dyson Foundation of New York for Ambulatory Medicine; and a \$375,000 gift from the Amelia Peabody Foundation to help fund construction of an auditorium in the Enders expansion.

In addition to these gifts, hundreds of other individual, corporation, and foundation contributors have kept Children's on a record-setting pace in this five-year, \$40 million campaign, which is scheduled to conclude Sept. 30, 1990.

Secretarial/Clerical Committee formed

The Secretarial/Clerical Liaison Committee was formed in 1988 as a Human Resources subcommittee to evaluate ways to recruit and retain secretaries and clerical workers.

The Secretarial/Clerical Liaison Committee held its first informational seminar in October to discuss retention plans for 1988-89. Subsequent forums will focus on such topics as career planning, organizational skills, juggling work and family, financial planning, returning to school, and personal computers.

The committee was formed to serve the needs of the more than 580 employees who comprise this segment of the hospital population.

Children's receives JCAHO accreditation

After undergoing a thorough evaluation, Children's Hospital received word in October that it had again been accredited for another three years by the Joint Center for Accreditation of Healthcare Organizations (JCAHO).

The decision to seek accreditation is voluntary and reflects the hospital's commitment to superior patient care. JCAHO accreditation is an indication that Children's is in compliance with respected industry standards.

During two days in June, the JCAHO hospital survey team, consisting of a physician, a registered nurse, and a hospital administrator, along with a JCAHO ambulatory services physician surveyor, reviewed hospital policies and procedures, toured facilities, met with employees, medical staff, and board members, and visited individual departments.

For an additional three days in August the hospital laboratories were surveyed by a medical technologist.

Renovations continue to old buildings

With the move to the new patient care facility in February, space in the old patient care buildings was vacated, and renovation projects began promptly.

Throughout 1988 renovations occurred in the Pavilion, Farley, Bader, Fegan, and Hunnewell buildings. The Blood Drawing Center, Communication Enhancement Center, Nurse Recruitment Office, Conference Dining Room, Cashier Office, Patient Business Office, and Pastoral Care Office moved to renovated areas.



Carol Miller, training specialist in Human Resources, addresses the first Secretarial/Clerical Forum.



Enders Building expansion progresses

An addition that will double space in the John F. Enders Laboratories for Pediatric Research began taking shape in 1988.

The expansion will add much-needed laboratory space as well as administrative and support space, including offices, conference rooms, and lounge facilities.

Administrative buildings on the construction site were demolished in January, and in February, excavation began.

A 280-foot fixed-tower crane was moved into place in the fall to assist in building the 14-story superstructure.

The Turner Construction Co. is managing the construction of the project, and the building's architects are Ellenzweig Associates.

The construction schedule calls for the new building to be completed by February 1990, and renovations to the existing Enders Building to be completed by August 1990.

Hospitalwide computer network expands

Just one-third of the way through a three-year implementation plan, Children's new Integrated Hospital Information System (IHIS) is already a vital presence in the workplace.

The first 10 months witnessed the installation and hookup of the network; current activities include hospitalwide distribution and installation of devices—printers, terminals, and personal computers.

Nearly a thousand devices had been installed by the end of 1988.

Departmental applications continue to be implemented and refined, and access to the network is broadening with more than 1,700 employees now using the new system.

Through the new applications added to the network in 1988, vital clinical and laboratory information, as well as advanced mathematical and statistical tools, are now accessible to authorized caregivers, administrators, and researchers.

The most comprehensive and complex of these new applications is gradually coming on line. The Patient Registry System now includes outpatient and inpatient registration systems and patient billing. In its final form, it will be the cornerstone of the information system.

To ensure confidentiality of patient and employee information, the Access and Confidentiality Committee was formed as a subcommittee of the hospital's Medical Records Committee. The charge of this committee is to formulate a hospitalwide policy regarding access to on-line information.

To help acclimate employees to the new information tools, formal training classes are being offered weekly. Additionally, a newsletter was created to provide updates on the progress of the system's implementation.



The addition to the John F. Enders Laboratories for Pediatric Research rises from its tiny lot on Binney Street.

Specialty care referral center planned

In November, the hospital completed preliminary plans to open a new ambulatory care center in Lexington. The new facility will serve communities to the north and west of Boston as a referral center for primary care physicians. Staffed by Children's physicians from a broad range of medical and surgical specialties, the 6,500-square-foot center will provide easier access to hospital services for patients and families, and help to secure and increase the area's pediatric referral base.

Hospital implements no-smoking policy

Effective Jan. 1, 1989, Children's Hospital became smoke-free throughout its entire campus.

The no-smoking policy applies to private offices, waiting areas, lounges, and open areas such as the Lobby Garden and hospital entrances. One area adjacent to the Main Cafeteria remains available for smokers.

The policy was implemented as part of the hospital's commitment to promoting good health and maintaining a healthful environment for staff, patients, and parents.

Conflict of interest policy instituted

To ensure that the hospital is conducting its affairs in accordance with the highest ethical and legal standards, the Board of Trustees voted in early June to adopt a conflict of interest policy.

The policy, which was implemented in September, applies to the Board of Trustees, the Board of Overseers, the medical staff, and all employees of the hospital.

The policy defines four categories as potential conflicts of interest: the acceptance of gifts from any person or entity that does or is seeking to do business with the hospital; the disclosure or use of inside information for personal interests; involvement in outside interests that may affect the hospital's financial business or strategic growth; and involvement in outside activities that may interfere with an individual's hospital responsibilities.



Book by hospital answers teen questions

What Teenagers Want to Know About Sex: Questions and Answers, a book by Children's Hospital with Robert P. Masland Jr., M.D., chief of the Division of Adolescent and Young Adult Medicine, was published in May by Little, Brown and Company.

The book is a compilation of questions about sex and sexuality from thousands of teenagers representing a wide range of ages, socioeconomic groups, races, and geographic areas.

Members of the Children's Hospital Health Information Department collected the questions and organized them into categories. The resulting 19 chapters cover such general topics as sexuality, to more specific issues such as AIDS.

The book is intended to advise and educate teenagers, offering straightforward information to help them make important decisions.

The book is available in hardcover in many bookstores.



Robert P. Masland Jr., M.D., chief of the Division of Adolescent and Young Adult Medicine.

Pediatric Medicine published in October

Pediatric Medicine, a 1,400-page, comprehensive textbook exploring all aspects of pediatric medicine, was published in October by Williams & Wilkins. The book, which was co-edited by Mary Ellen Avery, M.D., senior associate in Medicine, and Lewis R. First, M.D., assistant in Medicine, was the result of a collaborative effort among more than 60 physicians.

The textbook integrates clinical discussions with basic science. The chapters are problem- and disease-oriented. In addition there are many case histories that focus on current controversies related to diagnosis and treatment.

Pediatric Medicine is available where medical textbooks are sold.



Lewis R. First, M.D., assistant in Medicine, and Mary Ellen Avery, M.D., senior associate in Medicine, take a break during the *Pediatric Medicine* book signing at Countway Library.

Volunteer Services reports active year

More than 700 volunteers spent untold hours at Children's in 1988 helping to make patients and their families feel a little more comfortable.

Volunteers made themselves available days, evenings, and weekends to provide patient escorts, read to children, supervise the computer and art carts, and serve as interpreters and foster grandparents, among many other tasks.

In recognition of their commitment to Children's, the volunteers gathered at the Park Plaza Hotel in October for the annual Volunteer Awards Dinner. Nancy George was presented with the Humanitarian Award for her commitment and generosity in serving the needs of the patients.



Volunteer Mary Ja Quirk reads to a patient on 9 East.

Skylight Dining Room enhances cafeteria

An additional 125 seats were added to the capacity of the cafeteria when the Skyline Dining Room opened in April. The new space, which includes a large glass skylight and brightly upholstered furniture, provides a pleasant dining environment for employees, families, and visitors.

Businesses open in Longwood Galleria

December 1987 witnessed the opening of the Longwood Galleria, a new commercial center in the Longwood Medical Area. Located at Longwood and Brookline avenues, adjacent to the Inn at Children's, the Galleria is owned by Children's Medical Center, the parent corporation of Children's Hospital.

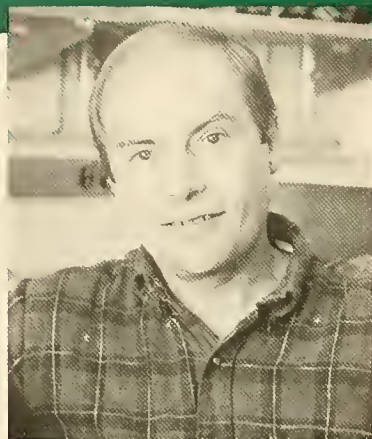
Beginning with the opening of a newly renovated Longwood Lifestyles Fitness Center, Galleria tenants continued to move into their new spaces throughout 1988. Other businesses in the Galleria include a bank,

a hair salon, a locksmith, a travel agency, and a card and gift shop. The central food court offers a wide selection of fast-food restaurants.

The Inn at Children's houses the newly renovated Sterling's Cafe. In addition, the former Sterling's Restaurant has opened as Medici's, which features Italian cuisine.

Also located in the Longwood Galleria is the Galleria Conference Center. With a capacity of 300, the center offers a convenient and pleasant conference environment for meetings and receptions.

RESEARCH HIGHLIGHTS



Louis M. Kunkel, Ph.D.,
acting chief of the
Division of Genetics.

Kunkel group shines additional light on role of protein in muscular dystrophy

The research group headed by Louis M. Kunkel, Ph.D., continued to lead the international battle against muscular dystrophy, uncovering another clue in 1988 that afforded scientists a greater understanding of Duchenne muscular dystrophy and will likely lead to better diagnosis of all forms of muscular dystrophy.

Kunkel, associate investigator at the Howard Hughes Medical Institute at Children's and an associate in Genetics, and Eric P. Hoffman, Ph.D., research fellow in Genetics, announced last spring that the protein dystrophin is virtually absent in Duchenne patients, while it appears in near-normal amounts but abnormal structure in victims of Becker muscular dystrophy.

Duchenne is the most common and fatal form of muscular dystrophy. It strikes boys almost exclusively, usually restricting them to wheelchairs by age 12 and causing death by respiratory failure in the 20s. Becker is a less severe form; victims have a much longer life span and often remain ambulatory well into their 30s. Until Kunkel's lab identified and studied the protein, however, physicians could not determine at the onset of muscular dystrophy—usually 3 to 5 years of age—whether the disease was Becker or Duchenne.

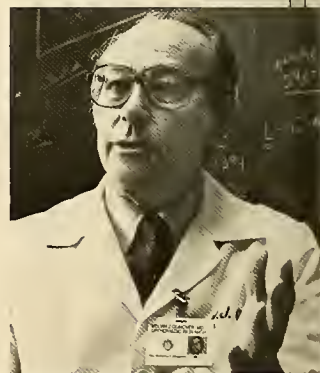
In November, Kunkel's research contributions were recognized when he received the 1988 Royal Society Wellcome Foundation Prize.

Research focuses on bone formation

Under the direction of Melvin Glimcher, M.D., the Laboratory for the Study of Skeletal Disorders and Rehabilitation was awarded a \$250,000 unrestricted grant from the Bristol-Myers Company and its Zimmer subsidiary. The grant honors and will support Glimcher's ongoing research into the basic mechanisms of bone formation and calcification.

Glimcher's lab has established that calcification of bone occurs in the collagen fibers in specific places. Glimcher says the sites within the fibers act as templates on which the crystals of calcium phosphate are initially formed and deposited.

That finding, Glimcher says, is a key to understanding the step-by-step mechanism governing calcification of bone and other tissues, and to potentially treating the disorders associated with calcification.



Melvin Glimcher, M.D., director of
the Laboratory for the Study of
Skeletal Disorders and
Rehabilitation.

Study finds anesthesia beneficial to infants

In late 1987, new light was shed on a long-simmering debate in which the subjects have never had a say, when two Children's physicians offered evidence that infants do perceive pain during surgery and related procedures.

Kanwaljeet S. Anand, M.B.B.S., D.Phil., research associate in Anesthesia and a resident in Medicine, and Paul Hickey, M.D., associate in Anesthesia, co-authors of a paper published in the *New England Journal of Medicine*, concluded that infants do feel pain and exhibit a potentially harmful stress response during surgery and other invasive procedures when minimal anesthesia is used. The study also found that potent anesthesia can prevent the stress response and improve clinical outcome.



Anand says that in the human fetus late in gestation, pain pathways, neurochemical systems, and the areas of the brain that serve as the centers for pain perception are almost completely developed.



Kanwaljeet S. Anand, M.B.B.S., D.Phil., research associate in Anesthesia and resident in Medicine.

Wireless heart pump progress announced

In January, Children's researchers joined other Boston-area scientists in announcing "the next step" in artificial heart technology. William F. Bernhard, M.D., senior associate in Cardiovascular Surgery, working with Thermedics Inc., of Woburn, introduced "Heart-Mate," a two-pound titanium heart pump developed under a National Institutes of Health (NIH) research contract.

The wireless Heart-Mate, successfully implanted on a long-term basis in two calves, is an electronically controlled assist device capable of pumping all the blood throughout the body. A blood pump and motor are implanted below the abdomen and attached by conduits to the left ventricle and the aorta.

Electricity required by the unit is transmitted through the skin, and power is supplied from a rechargeable battery pack carried in a vest, making the device totally portable.

Bernhard says that implanting of the Heart-Mate in humans will begin as soon as the NIH and the Food and Drug Administration approve clinical trials.

William F. Bernhard, M.D., senior associate in Cardiovascular Surgery (left), looks on as Thermedics staff demonstrate the Heart-Mate.



Collaborative effort leads to cancer therapy

A collaborative research effort by Children's, Dana-Farber Cancer Institute, and Harvard Medical School could have future applications for cancer treatment in humans. The research successfully matched the powerful combination of alpha radiation and monoclonal antibodies to treat a type of abdominal cancer in laboratory animals.

Roger M. Macklis, M.D., radiation therapist in the Joint Center for Radiation Therapy and the principal investigator of the study, says the treatment may be well-suited to tumors contained in cavities, such as advanced ovarian cancer or Wilm's tumor, a type of kidney cancer in children. Other possible applications include use in transplantation procedures, especially bone marrow transplantation.

Alpha radiation, delivered to cancer tissue by the monoclonal antibodies, has a half-life—the time it takes for 50 percent of the radiation to decay—of one hour, and therefore decays before damaging sensitive healthy tissues, such as the bone marrow. The findings, published in *Science*, were produced by researchers in nuclear medicine, oncology, and radiation therapy.



Roger M. Macklis, M.D., radiation therapist in the Joint Center for Radiation Therapy.

Children's Hospital selected as center to evaluate AZT for children with AIDS

In April, Children's joined eight other U.S. medical centers in beginning testing of the drug azidothymidine (AZT) as part of a National Institutes of Health grant to study children with AIDS. The nine centers were chosen by Burroughs-Wellcome Inc., which manufactures AZT, and will monitor 70 children nationwide.

Children's is currently following 10 patients who are closely monitored for neuropsychological factors such as failure to meet developmental milestones, atrophy of brain tissue, delays in learning ability, and regression in motor and speaking skills.

The program will seek to determine whether preliminary reports of AZT's positive effects—return of neurologic function, increase in developmental milestones, and better nutrition through weight gain—are valid, and will monitor potential adverse side effects, particularly bone marrow suppression.

To standardize the population, all patients must be exposed to the AIDS antibody. In addition, they must have one of three conditions: failure to thrive; chronic oral thrush for two months despite therapy; or decreased T4-helper cells, cells that help the body's immune system work properly.

Nine of the 10 patients in Children's program acquired the disease before, during, or just after birth, and the other became infected through a blood transfusion.



MEDICAL STAFF NEWS

Brazelton steps down as CDU director

T. Berry Brazelton, M.D., director of Children's Child Development Unit, and nationally recognized expert in child development, stepped down from his post in January 1989.

Edward Z. Tronick, Ph.D., of the University of Massachusetts, assumed the leadership of the unit. Tronick worked with Brazelton at Children's from 1970 to 1977, serving as director of research for the unit.

Brazelton pioneered the creation of the Child Development Unit at Children's. He began his career as a pediatrician more than 40 years ago.

During his successful career, Brazelton has written 17 books and more than 160 articles on child development, and has lectured on the subject around the world. He has trained more than 60 fellows in the field of child development.



T. Berry Brazelton, M.D., who retired as director of the Child Development Unit, shares a playful moment with a patient.

Gellis named director of Dermatology

Stephen E. Gellis, M.D., was named director of the Dermatology Program at Children's in September. He had previously been affiliated with the New England Medical Center in the Department of Dermatology.

Gellis succeeds Rita Berman, M.D., M.P.H., who had held the position of acting director of Dermatology.

Kunkel wins Wellcome Foundation Prize

Louis M. Kunkel, Ph.D., received the 1988 Royal Society Wellcome Foundation Prize in November. Kunkel is associate investigator at the Howard Hughes Medical Institute and a senior research associate in Genetics at Children's.

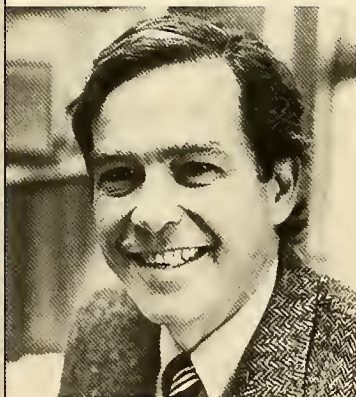
The award recognized his significant research discoveries in the study of Duchenne muscular dystrophy, the most common and fatal form of muscular dystrophy.

O'Rourke becomes chief of Rotch Service

Edward J. O'Rourke, M.D., associate in Infectious Diseases, in November was appointed chief of the Thomas Morgan Rotch Service for Infants and Toddlers.

The Rotch Service is named in honor of the distinguished physician who served as physician-in-chief at Children's and medical director of the Infants' Hospital in the early 1900s.

O'Rourke, who holds appointments at Brigham and Women's Hospital and the Dana-Farber Cancer Institute, replaces Samir Najjar, M.D., who was named clinical director of the Division of Endocrinology.



Edward Z. Tronick, Ph.D., new director of the Child Development Unit.

Drazen appointed director of CF Labs

Jeffrey M. Drazen, M.D., was named director of the Ina Sue Perlmutter Cystic Fibrosis Research Laboratories and senior associate in the Division of Pulmonary Medicine at Children's.

Drazen's expertise lies in the treatment and research of respiratory diseases, specifically cystic fibrosis and asthma. He also serves as chief of the Pulmonary Division at Beth Israel Hospital.



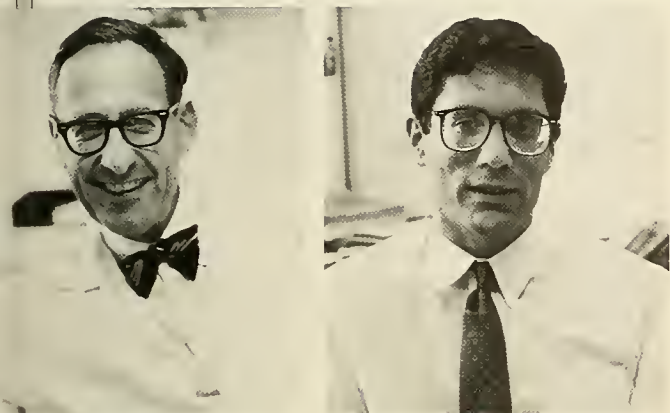
Jeffrey M. Drazen, M.D., new director of the Ina Sue Perlmutter Cystic Fibrosis Research Laboratories.



Lovejoy earns Ross Education Award

Frederick H. Lovejoy Jr., M.D., associate physician-in-chief, was one of two 1988 winners of the American Academy of Pediatrics' prestigious Ross Education Awards. Lovejoy was honored for his work in professional education at the academy's annual meeting in October.

The award recognizes Lovejoy's commitment to innovative and effective programs for pediatric education of medical students and residents and for the continuing medical education of pediatricians.



Frederick H. Lovejoy Jr., M.D., associate physician-in-chief. Joseph Majzoub, M.D., new chief of the Division of Endocrinology.

Crigler resigns as Endocrinology chief

John F. Crigler Jr., M.D., resigned as chief of Children's Division of Endocrinology, effective January 1989. Crigler, a 30-year veteran of Children's, is well known for his clinical and research skills. He helped establish the hospital's Clinical Research Center, located on 7 East. Crigler will continue his clinical work in endocrinology at Children's on a part-time basis.

Joseph Majzoub, M.D., has been named new chief of the Division of Endocrinology. Before joining Children's in January 1989, Majzoub served as associate physician in the Division of Endocrinology at Brigham and Women's Hospital and an associate investigator at the Howard Hughes Medical Institute at Children's.

Scott new Neurosurgery clinical director

R. Michael Scott, M.D., was recently named clinical director for Neurosurgery. He had previously held the position of associate in Neurosurgery at the hospital.

Scott has published more than 70 articles about pediatric neurosurgery. He has considerable expertise in the treatment of stroke and brain tumors in children, and congenital disorders of the brain and spinal cord.

Before joining the staff at Children's, Scott had been the director of Pediatric Neurosurgery at the New England Medical Center.

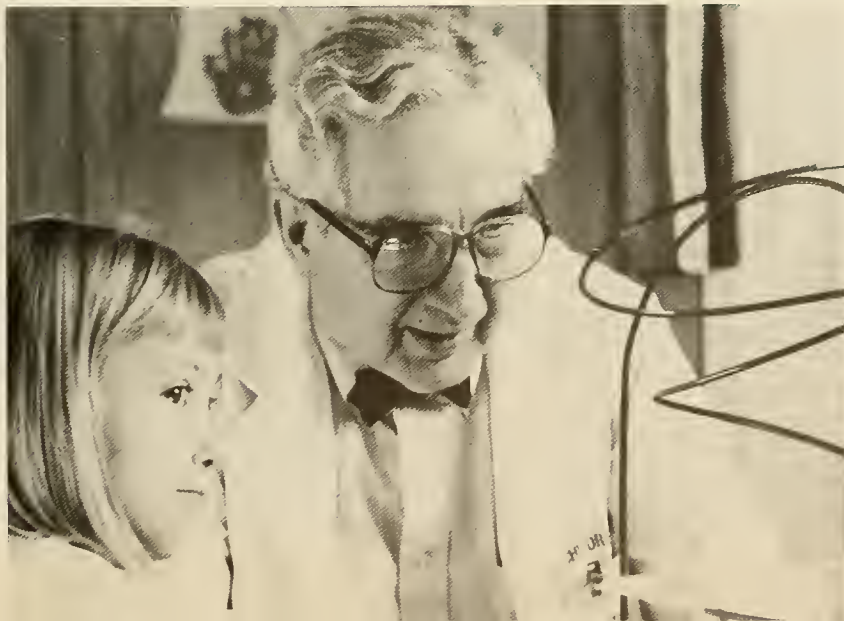
Medical Alumni Day attracts physicians

On June 8, 1988, the Children's Hospital Alumni Association held its annual gathering of medical staff alumni. The day began in the Jimmy Fund Auditorium with several noteworthy presentations. David Gardner-Medwin, M.D., pediatric neurologist at the Newcastle General Hospital in England, presented the first annual Michael J. Bresnan Memorial Lecture on the topic of muscular dystrophy; Kenneth McIntosh, M.D., chief of the Division of Infectious Diseases, outlined the latest information on pediatric AIDS; and Alexander S. Nadas, M.D., senior associate in Cardiology and cardiologist-in-chief emeritus, delivered the annual Blackfan Lecture, "Pediatric Cardiology: The First 25 Years."

During the luncheon, Carol Weinrib, vice president, spoke about the future plans for the Medical Center in a presentation entitled, "The Next 10 Years: A View From The Bridge."

During the afternoon, alumni took a tour of the new patient care building. The day concluded with a banquet and a presentation by Daniel Goodenough, Ph.D., master of the Oliver Wendell Holmes Society and professor of Anatomy and Cellular Biology at Harvard Medical School.

John F. Crigler Jr., M.D., who stepped down as chief of the Division of Endocrinology, spends time with a patient.





In memoriam

Randolph K. Byers

Randolph K. Byers, M.D., former neurologist-in-chief at Children's, died Jan. 5, 1988. He was 91 years old.

Byers joined Children's staff in 1923. He made significant achievements in the field of pediatric neurology during his career and published hundreds of articles on the subject. Byers was well known for establishing the correlation between brain damage and lead poisoning in the 1940s. He was instrumental in developing the diagnosis, treatment, and prevention of nervous system disorders.

In addition to his work at Children's, Byers was a clinical professor of Pediatrics at Harvard Medical School.

Robert E. Gross

Robert E. Gross, M.D., former surgeon-in-chief and cardiovascular surgeon-in-chief at Children's, died Oct. 11, 1988. He was 83 years old.

Gross was renowned for performing the first successful correction of a congenital heart defect while he was chief surgical resident at Children's in 1938.

The precedent-setting operation, performed on a 7½-year-old girl, corrected a patent ductus arteriosus, an abnormal opening between the pulmonary artery and the aorta.

Gross was well known not only for his work on the human heart, but for his work in general pediatric surgery. He developed several techniques for removing solid tumors and improved surgical approaches to malformations of the biliary tract and intestine.

Gross published more than 250 articles and several books on pediatric surgery. He received many awards and honors, including the prestigious Albert Lasker Award, which he won in both 1954 and again in 1959 for his contributions to surgery.

Samuel A. Latt

Samuel A. Latt, M.D., Ph.D., 49, chief of the Division of Genetics at Children's, died Aug. 28, 1988.

Latt was a highly respected member of Children's medical staff for 17 years. In his work, Latt made significant progress in the understanding of chromosomes and their role in devastating diseases.

In addition to his role at Children's, Latt was director of the Prenatal Diagnosis and Cytogenetics Laboratory at Brigham and Women's Hospital, a professor of Pediatrics at Harvard Medical School, and an investigator with the Howard Hughes Medical Institute.

Clement A. Smith

Clement A. Smith, M.D., former physician at Children's and professor emeritus of Harvard Medical School, died Dec. 31, 1988, at the age of 87.

Smith's landmark research focused on the physiology of newborn infants and helped establish the field now known as neonatology.

Smith published more than 100 articles and a medical textbook, *The Physiology of the Newborn Infant*. In addition, in 1983, he published a book well known to those associated with the hospital entitled, *The Children's Hospital of Boston: "Built Better Than They Knew."*

Smith was a former editor of *Pediatrics*, the journal of the American Academy of Pediatrics, past president of the American Pediatric Society, and was active in many medical societies. He received several awards, including the Borden Award, presented by the American Academy of Pediatrics, and the prestigious Howland Award from the American Pediatric Society. These awards recognized his many contributions as a scientist and teacher to the study of neonatology.

In 1985, Harvard Medical School and Children's Hospital established an endowed professorship in his name to honor his contributions to the field.



Randolph K. Byers, M.D.



Robert E. Gross, M.D.



Samuel A. Latt, M.D., Ph.D.



Clement A. Smith, M.D.



David S. Weiner, hospital president, and Anne S. Black, M.S.N., R.N., who stepped down as vice president for Nursing, enjoy the unveiling of her portrait during a retirement party in December.

Black retires as vice president for Nursing

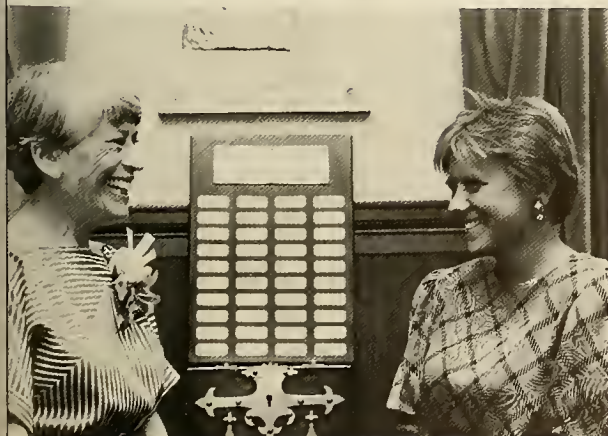
After 12 years of exceptional leadership at Children's, Anne S. Black, M.S.N., R.N., vice president for Nursing, retired Jan. 1, 1989.

A 1947 graduate of the Henry Ford School of Nursing and Hygiene in Detroit, Black guided Children's Department of Nursing through a significant transition period in health care.

Under her direction, primary nursing was established, giving staff nurses increased responsibility, authority, and accountability for more specialized patient care.

Coe wins annual Cayton Fellowship Award

In July, Carrie Coe, R.N., staff nurse III on 6 West, was named the ninth recipient of the David Cayton Fellowship Award. The fellowship annually honors a nurse who demonstrates outstanding dedication and proficiency in transplantation. Established by the family of David Cayton, who died in 1978 at the age of 13, the award recognizes the superior nursing care David received throughout his battle with leukemia.



Carrie Coe, R.N., staff nurse III on 6 West, is congratulated by Sheila Cayton at the David Cayton Fellowship Award ceremony.

NURSING STAFF NEWS

Magazine profiles nursing at Children's

A new magazine called *The Children's Nurse*, written by and for Children's Hospital nurses, was introduced in December 1987. The magazine features the latest developments in nursing practice at Children's, professional achievements, and various articles of interest to the nursing staff.



Judith S. Mitiguy, R.N., and Christine Mitchell, R.N., discuss an upcoming issue of *The Children's Nurse*.

Nurses contribute chapters to textbook

Four Children's Hospital staff members contributed several chapters to *Pediatric Emergency Nursing*, a book published by Appleton and Lange.

Martha Curley, M.S.N., R.N., C.C.R.N., critical care clinical nurse specialist, Staff Development and Research, wrote a chapter on "Pediatric Cardiac Dysrhythmias"; Elena Hopkins, R.N., M.S., P.N.P., nurse manager for Pediatrics, Martha Eliot Health Center, wrote a chapter on "Poisonings and Ingestions"; Sarah Pasternack, M.S., R.N., nurse manager, 10 East, wrote a chapter on the "Resuscitation of the Newborn"; and Anne Phelan, R.N., M.S., staff nurse II, Emergency Services, wrote a chapter entitled "Respiratory Emergencies" and co-authored another entitled "Orthopaedic Emergencies."

The book is designed to aid nurses in their clinical practice in pediatric care.

TRUSTEE/OVERSEER ACTIVITIES

Trustees, overseers complete busy year

Children's trustees and overseers continued to play a vital role in 1988, offering leadership and guidance to help the hospital maintain its position as a world leader in pediatric health care.

Children's Annual Dinner, held in April, gave the hospital an opportunity to celebrate a wonderful year and to thank many of the people who helped to make it happen. The Honorable Patricia McGovern, chairwoman of the Massachusetts Senate Ways and Means Committee, was the featured speaker.

At the April gathering, new overseers Gerald D. Cohen, Joanne S. Forkner, Frank H. Foster, George Jamieson, Douglas A. King, Brian J. Knez, Marty Wyngaardin Krauss, John A. Nadas, John Spinola, and James H. Walsh III were welcomed to the board. In addition, honorary life overseers Jane B. Cook, Sara Wallace, and Alexander S. Nadas, M.D., were honored.

William L. Brown, chairman of the Bank of Boston and a hospital overseer, received the Chairman's Award, presented annually in recognition of long-time service to the hospital.

The Annual Dinner also afforded the opportunity to recognize the many contributions of William Berenberg, M.D., director of Services to Handicapped Children, and Alexander S. Nadas, M.D., senior associate in Cardiology and cardiologist-in-chief

emeritus. Endowed professorships in their names at Children's Hospital and Harvard Medical School are being established as a lasting tribute to these two distinguished physicians.

In the fall, more than 100 Children's trustees and overseers attended the annual Tour and Briefing, which included presentations by four of Children's experts on current health care issues. Speakers included David Margulies, M.D., vice president for Information Systems; Kenneth McIntosh, M.D., chief of Infectious Diseases; Howard Weinstein, M.D., associate in Hematology/Oncology; and Anne Stark, M.D., senior associate in Newborn Medicine.

Having guided the hospital through one of its most exciting and productive periods, David I. Kosowsky, Sc.D., completed his tenure as chairman of Children's Board of Trustees. Children's new chairman, John P. LaWare, assumed leadership in January 1989. LaWare was appointed in 1988 by President Reagan to join the Board of Governors of the Federal Reserve in Washington.

Nancy Kaplan, a long-time member of the hospital family, stepped down from her post as a Children's trustee. Kaplan has served the hospital for more than 20 years and remains an active member of the Children's Hospital League.

Margaret A. Revere

Honorary Life Overseer Margaret A. Revere died in March of 1988. The great-great-granddaughter of patriot Paul Revere, she was an active and generous supporter of Children's and many other charities.



(Above) Guests gather at the 1988 Annual Dinner at the Museum of Fine Arts in April. (Right) Kenneth McIntosh, M.D., chief of the Division of Infectious Diseases, discusses pediatric AIDS issues at the Tour and Briefing in October.





CHILDREN'S HOSPITAL LEAGUE ACTIVITIES

League completes another successful year

With dedication and hard work, the Children's Hospital League concluded another successful year of fund raising and moved even closer to fulfilling its \$2 million pledge to The Children's Campaign.

The League's greatest source of revenue, the Festival for Children's Hospital, departed from its traditional three-day format to a one-night extravaganza, held Dec. 2, 1988. An elegant evening of fine food, entertainment, and an auction, the Festival once again provided one of the liveliest events of the holiday season.

League members also continued to be involved with the Thrift Shop of Boston, located in Jamaica

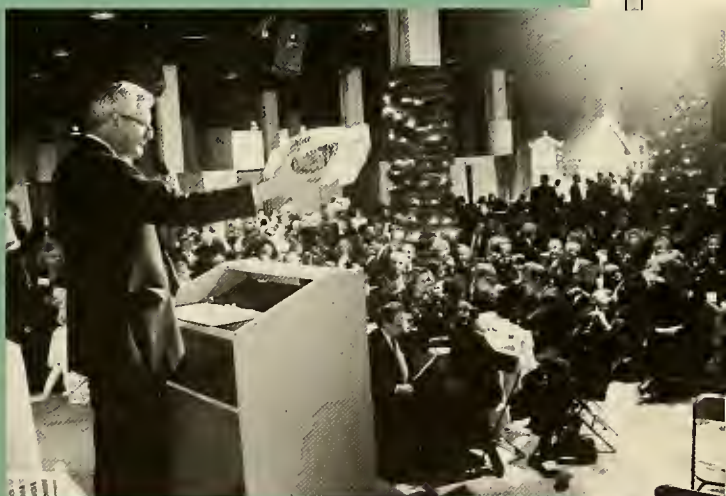
Plain. The Thrift Shop, which has been in operation for more than 50 years, recently moved to larger quarters at 640 Center St.

The support provided by the League is used in part to finance Children's Summer Garden Program, offering outdoor activities for patients of all ages.

The League's many contributions have been recognized by a plaque that hangs in the Patient Entertainment Center, where children and families can participate in organized activities, listen to the jukebox, or watch one of the many performers scheduled to entertain patients throughout the week.



League Festival Co-chairman Susan Sawyer pauses with her daughter, Jessica, at the Festival for Children's Hospital.



WBZ-TV reporter John Henning auctions items during the Festival for Children's Hospital.





WBZ-CHILDREN'S HOSPITAL FUND HIGHLIGHTS

WBZ-Children's Hospital Fund continues to climb steadily toward new record high

New and innovative projects, coupled with the continued support of the staff, viewers, and listeners of WBZ Radio and TV, helped raise the 1988 WBZ-Children's Hospital Fund to a record level. And as contributions to the annual fund-raising drive arrive daily, the total continues its climb well above last year's \$750,000 mark.

A radio auction in May for the WBZ House for Children's Hospital, built entirely from donated labor and materials, generated \$225,000, providing a great initial boost for the fund.

WBZ Radio also produced a rock video, set to the music of Barry Manilow's "Mambo," which featured prominent members of the Boston community, WBZ television and radio personalities, and Children's Hospital patients. The rock video was sold at several local music stores, with proceeds benefiting the hospital.

The annual WBZ Radio Farmstand, which took place on a perfect fall day in September, generated more than \$67,000, nearly twice the amount raised

the previous year. And in October, "Horsin' Around for Children's Hospital," an equestrian exhibition in Hamilton, brought an additional \$12,000 to the fund.

On Dec. 10, WBZ Radio began two weeks of remote broadcasts from the Incredible Broadcast Machine parked at Downtown Crossing. And once again, a variety of goods, exotic vacations, tickets to sports and cultural events, and dinners to area restaurants were auctioned on the air and at a formal auction at Lafayette Place.

Also on Dec. 10, WBZTV hosted its annual Children's Hospital Telethon, which highlighted patients, families, and donors. The three-hour live broadcast was simulcast on WBZ Radio. The Patient Entertainment Center at Children's again served as one of the five telethon remote sites.

Since its inception in 1980, the WBZ-Children's Hospital Fund has raised nearly \$5 million. In addition, WBZ has given millions of dollars of air time on radio and television to spread the Children's Hospital story throughout New England.



WBZ-TV anchorman Jack Williams interviews Children's patient Michael Perry, 13, and his mother, Rosa, during the telethon.



A smiling face on a sunny day at the annual WBZ Farmstand in September.



WBZ Radio personality Bruce Stevens and Children's patient Michael Cocozzella cut the ribbon to open the House for Children's Hospital.



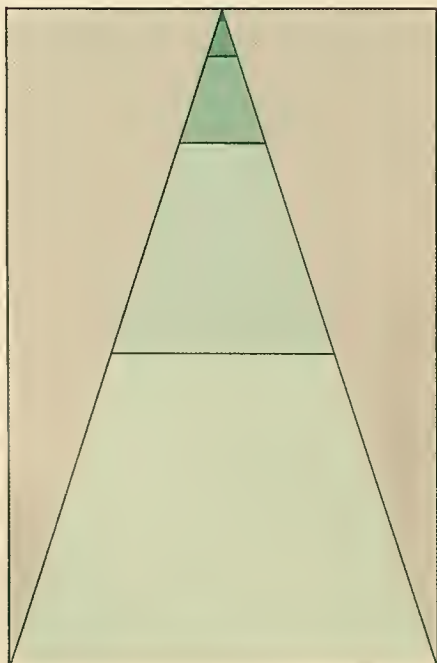


►STATISTICS

▼
1988
PERCENTAGES

Where Patients Come From

*Includes the following Massachusetts cities and towns: Arlington, Belmont, Boston, Brookline, Burlington, Cambridge, Chelsea, Dedham, Everett, Lexington, Malden, Newton, Revere, Watertown, Wellesley, and Winthrop.



►PATIENT	1988	1987
Number of licensed beds	330	339
Discharges	13,744	13,973
Patient days	92,566	94,669
Average stay in days	6.74	6.78
Clinic visits	180,422	178,780
Emergency Room visits	49,725	48,336
Surgical procedures		
Inpatient	8,342	8,066
Outpatient	4,657	4,382
Total	12,999	12,448
Radiology		
Procedures performed	79,218	76,660
Laboratory tests	1,039,516	967,120

►PERSONNEL	1988	1987
Active medical staff	696	669
Active dental staff	17	16
Associated scientific staff	205	171
Courtesy staff	287	294
House staff	447	483
Consultants	88	116
Emeriti	36	34
Clinical assistants	51	43
Visiting staff	25	20
Nursing staff	881	770
Other full-time employees	1,660	1,576
Other part-time employees	590	494
Volunteers	750	750

Primary Service Area*—47 percent
Other Massachusetts—32 percent
Other New England—13 percent
Other United States—6 percent
International—2 percent



► STATEMENT OF REVENUES AND EXPENSES

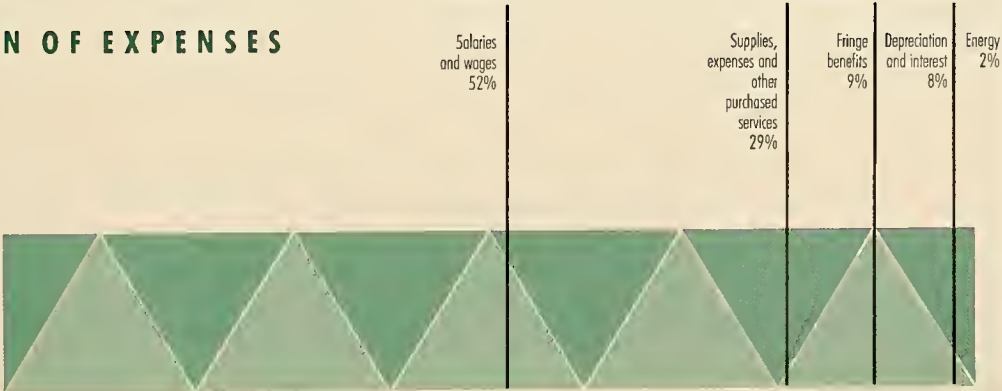
and Funds Used for Capital Additions
Years ended September 30, 1988 and 1987
(in thousands of dollars)

	1988	1987
Revenues:		
Gross patient services revenue	\$186,029	\$167,828
Deductions from patient services revenue	(39,705)	(39,235)
Net patient services revenue	146,324	128,593
Other operating revenue	59,808	55,720
Total operating revenues	206,132	184,313
Operating expenses:		
Salaries and wages	84,507	75,613
Fringe benefits	13,653	12,425
Supplies and expenses	49,469	46,172
Depreciation and amortization	11,755	6,901
Interest	5,338	1,183
Research and training expenses	32,222	30,217
Other specific purpose fund activity	15,802	14,818
Total operating expenses	212,746	187,329
Loss from patient care operations	(\$ 6,614)	(\$ 3,016)
Capital additions	\$ 38,245	\$ 47,678

► SOURCES OF REVENUES



► DISTRIBUTION OF EXPENSES





► **CONDENSED BALANCE SHEET**

Years ended September 30, 1988 and 1987

(in thousands of dollars)

Assets	1988	1987
General funds:		
Cash	\$ 122	\$ 647
Investments	—	2,000
Accounts receivable, net	45,107	26,990
Inventories	1,200	725
Prepaid expenses	883	521
Total	47,312	30,883
Assets held in trust under long-term debt agreements	12,080	108,176
Plant, property, and equipment at cost less accumulated depreciation	159,822	133,870
Other assets	37,991	68,136
Total	257,205	341,065
Restricted funds:		
Accounts receivable	7,338	5,168
Total	\$264,543	\$346,233

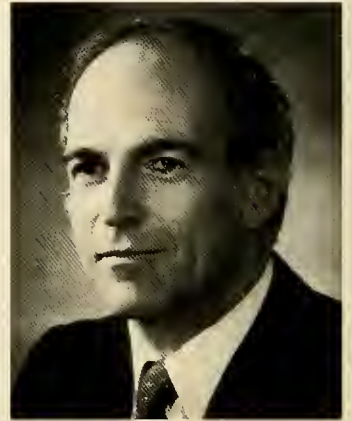
Liabilities and Fund Balances	1988	1987
General funds:		
Current:		
Current portion of long-term debt	\$ 8,873	\$ 756
Accounts payable and accrued expenses	32,993	34,542
Due to third-party payors	7,895	20,528
Total	49,761	55,826
Long-term debt, excluding current portion	78,027	152,202
Deferred compensation	5,309	5,357
Deferred third-party reimbursement	2,102	2,265
Deferred revenue	16,100	16,100
Reserve for medical malpractice	8,530	6,869
Fund balance	97,376	102,446
Total	257,205	341,065
Restricted fund balances:		
Specific purpose funds	7,338	5,168
Total	\$264,543	\$346,233



PEOPLE AND DEPARTMENTS



THE BOARD OF TRUSTEES FISCAL YEAR 1988



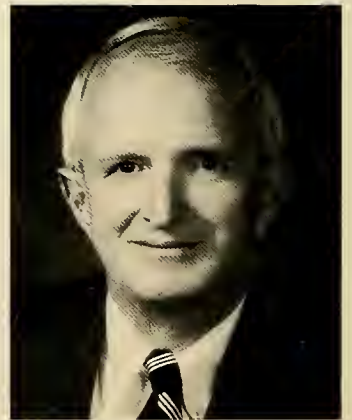
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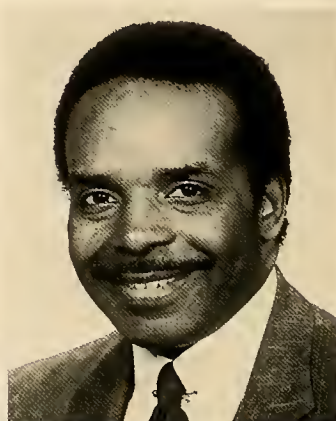
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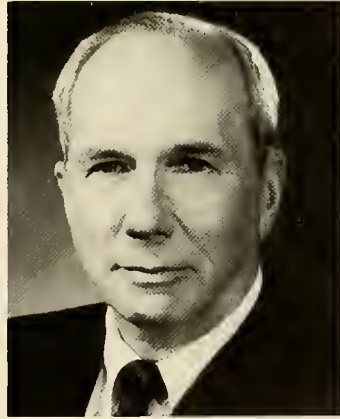
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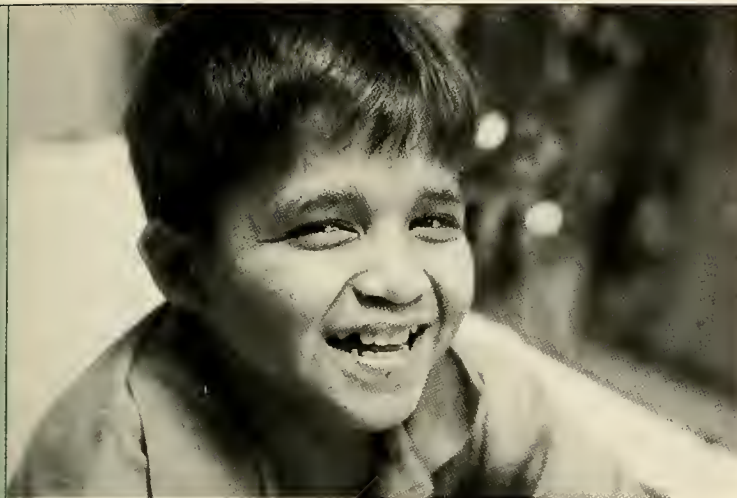
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 Mr. & Mrs. Thomas J. White
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 Hilda O. Wiener
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 Maryellen E. Wood
 John L. Yee
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 Mr. & Mrs. Michael E. Zirlen
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*deceased

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 Corporation
 Alta Group Newspapers, Inc.
 Amoskeag Company
 Analog Devices, Inc.
 Anchorage Motor Inn, Inc.
 Anchorage Motor Inns, Inc.
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 Contractors, Inc.
 W.E. Andrews Co., Inc.
 Anonymous (1)
 Ashmont Supply Company of
 Roslindale, Inc.
 Baby Talk
 Bank of Boston
 Bank of New England
 C. R. Bard, Inc.
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 Barry Wright Corporation
 Basement Waterproofing
 Nationwide of N.H. Inc.
 Batterymarch Financial
 Management
 Baxter Healthcare Corporation
 Auto-Syringe Division
 BayBanks, Inc.
 Bay State Shippers, Inc.
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 Machine Works
 D.H. Blair & Co., Inc.
 Borden Chemical





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 The Boston Company
 Boston Safe Deposit and
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 The Boston Edison
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 Foundation, Inc.
 The Boston Parents' Paper
 Boston Projects, Inc.
 Boston Sand & Gravel Co.
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 Branded Liquors, Inc.
 Dennis K. Burke, Inc.
 Robert M. Calder
 Associates, Inc.
 Caldor, Inc.
 W.C. Cammett Engineering
 Cedardale, Inc.
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 Corporation
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 C&K Components, Inc.
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 Colonial Realty Associates
 Colonial Theatre
 Compugraphic Corporation
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 Cooperative Reserve
 Supply, Inc.
 Coopers & Lybrand
 Copeland Package Store, Inc.
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 Crusader Paper Company, Inc.
 Crystal Lunch, Inc.
 CSI Resource Systems, Inc.
 Curry Hardware, Inc.
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 Damon Corporation
 Delta Corporation
 Demoulas Foundation
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 Maintenance Co., Inc.
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 Contractors
 Erie Scientific Co.
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 The Fidelity Foundations
 Filene's
 Filene's Basement
 The First Years, Inc.
 A Division of Kiddie
 Products, Inc.
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 Greene Construction Co., Inc.
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 Guy Williams Hair Design
 Hallamore Motor
 Transportation, Inc.
 Hedge & Mattheis Company
 joan and david helpern
 incorporated
 Hill Plastering, Inc.
 Hilton Mechanical
 Contractors, Inc.

Houghton Mifflin Company
 Hudson National Bank
 Industrial Blast Coil
 Corporation
 International Business
 Machines
 Itek Optical Systems Division
 John Hancock Mutual Life
 Insurance Company
 Johnson & Johnson
 Johnson & Johnson Baby
 Products Company
 Kartchner & Associates
 Kendall Company
 Krokidas & Bluestein
 K W Ventures
 Lakeville Sand & Gravel Corp.
 Leggat McCall/
 Grubb & Ellis, Inc.
 Leigh Fibers, Inc.
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 Group/Boston
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 Lowell Hyundai, Inc.
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 Mass. Hardware & Supply
 Company, Inc.
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 CVS Division
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 Middlesex Research &
 Manufacturing Co., Inc.
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 The Millipore Foundation
 Mr. Build New England
 Mobil Foundation, Inc.
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 Moynihan-North Reading
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 Co., Inc.
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 New Balance Athletic
 Shoe, Inc.
 The New England
 New England Association of
 Sales Finance Companies, Inc.
 New England Power Company
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 J. Ortman, Inc.
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 Parker Hannifin Corporation
 Parker Nichols Group
 Peat Marwick Main & Co.



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Pioneer Electronics, Inc.
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Price Waterhouse
K.J. Quinn & Company, Inc.
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Co., Inc.
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Safety Insurance Company
The Salomon Foundation Inc
Sam's Cleansers, Inc.
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Co., Inc.
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Shawsheen Plaza Service
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Standex International Corp.
Stanwood Drapery Co., Inc.
State Street Bank and Trust
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Sterling Corrugated Box
Co., Inc.
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The Strawberries Trust for
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Robert W. Sullivan, Inc.
Symmons Industries, Inc.
Tacc International Corporation
Thackeray's Restaurant
Thompson Consultants, Inc.
TriCompaniesInc
The Turner Construction
Company Foundation
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Vantage Supply Companies
Walsh Brothers, Inc.
Welch Healthcare &
Retirement Group, Inc.
J.F. White Contracting
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Widett, Slater & Goldman, P.C.
William Charles Studio Inc.
Zayre Corp.

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Foundation
The Lassar & Fanny Agoos
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Alpern Family Foundation
Elisha V. Ashton Trust
Mabelle G. Balkam Trust
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The Frank Stanley Beveridge
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Boston Children's Heart
Foundation
The Boston Foundation
Robert B. Brigham Trust
Alice E.E. Buff Trust
Cabot Family Charitable Trust
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Children's Hospital
Cardiovascular Surgical
Foundation
Children's Hospital Neurology
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Children's Hospital Surgical
Foundation
Children's Orthopaedic
Surgery Foundation
CHMC Otolaryngologic
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Combined Jewish
Philanthropies of
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The Copeland Family
Foundation, Inc.
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Jessie B. Cox Charitable Trust
The Charles M. Cox Trust





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 Melvin S. Cutler Charitable
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 Meyer Cyker Family Fund
 Dennison Manufacturing
 Company, Fastener Division
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 Dodge Jones Foundation
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 James W. Dunphy Trust
 The Dyson Foundation
 Eastern Charitable
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 Eaton Foundation
 The Ellison Foundation
 Orville W. Forte Charitable
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 The French Foundation
 The Fuller Foundation of
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 G. Peabody & Rose Gardner
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 Elmer W. Greatrex Trust
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 Campership Foundation for
 Handicapped Children, Inc.
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 Sibylla Orth Young Revocable
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 Philanthropic Fund





Many friends of the hospital choose to remember Children's through their wills. During 1988, generous gifts have been received from the estates of the following people.

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Jason S. Bailey	Robert C. Merriam
Frances K. Baril	Dennis F. O'Brien
Randolph K. Byers	Gladys A. O'Brien
Gretchen Clifford	Hansi Oppenheimer
John Murray Cox	Hazel Ourada
Lotta M. Crabtree	Gertrude Parker
Isabel D. Cunio	Louise H. Parsons
Armenia C. Deguire	Charles Porder
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Gertrude H. Guillow	Ellen F. Richards
Ruth Virginia Hall	Selma Roberts
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Helen Steel Jones	Max Tennis
Mary G. Laughlin	Gertrude E. Thompson
Herman Leventhal	Alma F. Tompkins
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Aerobathon '88	Georgitsianon Society of America
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Athens Chapter #24 Boston	Circuit Protection Division Employees
Alcott School	Greater Lowell Regional Vocational/Technical School
Alpha Phi Sorority	Grove Hall Special Events
American Legion Post #188	Hamilton Equestrian Center
Joe Andrews Volleyball & Teams Trivia Events	Harvard United Way
Annie's Open Golf Tournament	Harvard University
Atlantic Health Care Resources	Harvard University-Children's Hospital G.S.D. Fund
Atwell School	Hellenic Benefit for Children's Hospital
Friends of Konstantinos Betoglou	Anne Holden Golf Tournament
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Boston Curtain & Drapery Club, Inc.	Family and Friends of Sean Roy Johnson
Child Neurology Associates	Kathy's Place
The Children's Hospital Alumni Association	Knights of Columbus Fairview Council
Children's Hospital Charity Golf Tournament	Lexington Council #94
The Children's Hospital League	Lad & Lassie
Children's Hospital One for All Fund	Lend A Hand Society
Children's Hospital School of Nursing	Loureiro Family Walk-A-Thon
Combined Federal Campaign Massachusetts Bay Area	M.D.C. Benevolent Association, Inc.
NVOCC-PCFO	Medway High School Student Council
Overseas Area	Mesta Fraternal Organization of America
Southeastern New England, Inc.	MGIC Golf for Children's Hospital
Commonwealth of Massachusetts	Minuteman Regional Vocational Technical School
West Roxbury District Court	Monhegan Sail, Inc.
Crescent Yacht Club, Inc.	Family and Friends of Brandon Mucci
Family and Friends of Elizabeth "Bizzy" Crowley and Herbert Crowley	Mullen Lumber Co., Employees
Cub Scout Pack #1620	New England Car Wash Association
Cystic Fibrosis Friends	New England Patriots Wives Association
Cystic Fibrosis Meets Its Match	New England Telephone Company Employees
Daughters of Penelope Orion Chapter #130	The Pingree School Student Council
The Drive	PSA Employee Emergency Fund
The Epsilon Omicron Kappa	Co-workers of Yahya Radazar
Hellenic Women's Club	Rockland Golf Course and Friends
Fenwal Associates, Inc., Employees	Family and Friends of Joshua Tyler Shairs
Filene's Distribution Center	Sprague Electric Company Employees
General Electric Company Employees	
Good Neighbor Fund of Everett	



St. George Greek Orthodox
Church Friends and
Parishioners
Stonebury's Restaurant Cystic
Fibrosis Benefit
Tetley, Inc., Employees
United Order True Sisters, Inc.
NOEMI, No. 11
United Way of Greater Tucson
WBZ-Children's Hospital Fund
WBZTV Boat Race
Friends of Peggy Wilkenson
Wood Gundy Corp. Employees
Worcester Athletic Club, Inc.

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Barbara Miller, Hospitality
chairman
Susan Meyer & Susan Sawyer,
Festival chairmen
Fran Whitman, chairman of
the Nominating Committee

Volunteer Service

More than 700 volunteers
contributed more than 56,000
hours of service to Children's
Hospital in 1988. In addition,
more than 900 volunteers
donated their time and talents
as performers to entertain
patients.

The volunteers listed below
completed 10 or more years of
service in 1988.

Rev. Joseph Bassett
15 years
Robert Begin
11 years
Phoebe Blum
19 years
Libby Casty
14 years
Marian Clark
23 years
Edna Mae Foreman
11 years
Nancy George
12 years
Helen Ginsberg
31 years
Marilyn Goldberg
11 years
Robert Groden
23 years

Dianne Benoni Head
16 years
Eleanor Karp
14 years
Patricia Keith
12 years
Myrtle Koenig
18 years
Doris Levy
31 years
Charles Lloyd
14 years
Bess Pappas
13 years
Elma Pearlstein
13 years
Barbara Proctor
11 years
Mae Rosenberg
27 years
Frank Rossi
25 years
Ruth Savel
34 years
Sandy Selesky
16 years
Lillian Shulman
31 years
Greely Summers
11 years
Anne Woolf
18 years

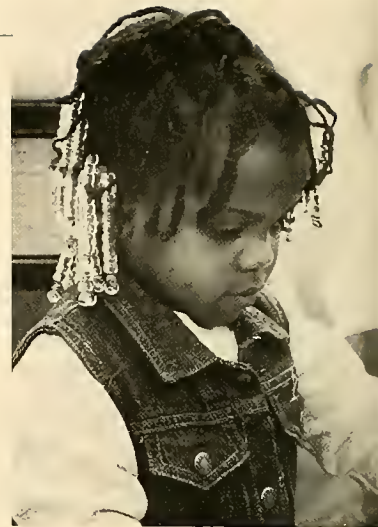
1988 Humanitarian Award
Nancy George

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LaWare, vice chairman of
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Mrs. David Wilder
Mrs. Raymond Wing

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 Charles P. Waite
 James H. Walsh III
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 Robert Wolfe Jr.
 Richard M. Wyman
 Stuart Zerner



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 Mark A. Rockoff, M.D., associate
 anesthesiologist-in-chief
Multidisciplinary Intensive Care Unit
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 acting medical director

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 cardiologist-in-chief

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 vascular surgeon-in-chief

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 children)*

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Animal Facility
Biomedical Engineering
Blood Bank
Cardiology
Cardiovascular Surgery
Cell Biology
Central Processing
Clinical Laboratories
Community and Support
Services
Continuing Care
Dentistry
Development and
Public Affairs
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Environmental Services
Epidemiology
Facility Planning and
Management
Finance
General Counsel
General Stores
Hearing and Speech
Human Resources
Information Systems
Linen Services
Materials Management
Media Services
Medical Records
Medicine
Message Center

Neurology
Neurosurgery
Nursing
Nutrition and Food Service
Ophthalmology
Orthopaedic Surgery
Otolaryngology
Parking and Transportation
Pastoral Care
Pathology
Patient Activity
Patient Relations
Pharmacy
Physical and Occupational
Therapy
Printing Services
Psychiatry
Purchasing
Quality Assurance/
Risk Management
Radiation Therapy
Radiology
Rehabilitation Engineering
Center
Research Administration
Respiratory Care
Security
Social Service
Surgery
Telecommunications
Volunteer Services
Warehouse Operations



ne of the most gratifying and encouraging times for a family with a child at Children's Hospital is the day that youngster is able to go home.

For Inga Mattson, 3, and her family, the trip home was especially poignant. After spending four months at Children's, Inga was the first patient to be discharged from the hospital's Multidisciplinary Intensive Care Unit while dependent on a machine to help her breathe.

Inga is afflicted with spinal muscular atrophy, an inherited neuromuscular disease that causes weakness and wasting of the trunk and limb muscles. Inga's condition makes her susceptible to respiratory tract infections.

Currently there is no treatment or cure for spinal muscular atrophy, but researchers at Children's are searching for the chromosome that carries the gene responsible for the disease. Locating the gene would be a major step toward solving the complex puzzle of spinal muscular atrophy.

The hospital's talented medical and research staff is a vital resource offering hope to all young patients and their families from around the world. But the expenses involved in providing excellent care for so many sick and injured youngsters while supporting a quality research program are significant.

Children's ability to maintain its high standards in patient care and research is ensured by thousands of donors who each year contribute generously to the hospital.

Please consider a gift to Children's this year. Your contribution, along with many others, will help send more young patients like Inga home.



It is important that there always be a place like Children's Hospital where parents know that their children will receive the best pediatric care in the world.

For Children's to deliver this special kind of care, the hospital needs the support of many friends. Your gift can make a difference in a young child's life. Please give as generously as you can.



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The Children's Hospital



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